

**SUMMARY REPORT DIGEST-
COMPLAINT REGISTER INVESTIGATION NO.:
CHICAGO POLICE DEPARTMENT**

304619

DATE OF REPORT (DAY-MO.-YEAR)

15 May 2005

To be used in all cases that are to be classified as either EXONERATED, UNFOUNDED, NOT SUSTAINED or in SUSTAINED cases where the Disciplinary Recommendation does not exceed FIVE (5) DAYS SUSPENSION.

SUBMIT ORIGINAL AND 3 COPIES IF ASSIGNED TO SAME UNIT AS ACCUSED.
SUBMIT ORIGINAL AND 4 COPIES IF NOT ASSIGNED TO SAME UNIT AS ACCUSED.

TO: SUPERINTENDENT OF POLICE
ATTENTION ☒ ADMINISTRATOR IN CHARGE, OFFICE OF PROFESSIONAL STANDARDS
☐ ASSISTANT DEPUTY SUPERINTENDENT, INTERNAL AFFAIRS DIVISION

FROM-INVESTIGATOR'S NAME		RANK	STAR NO.	SOCIAL SEC. NO.	EMPLOYEE NO.	UNIT ASSIGN.	
Lisa Mann		Sgt.	1717			214	
ADDRESS OF INCIDENT		DATE OF INCIDENT -TIME		BEAT OF INCIDENT	LOCATION CODE*		
4200 W. Madison		02 April 2005/1830 Hrs.		1132	304		
ACCUSED	NAME	RANK	STAR NO.	SOCIAL SEC. NO.	EMPLOYEE NO.	UNIT ASSIGN.	
	1. Aaron Cunningham	P.O.	15522			214	
	2. Shawn Lamb	P.O.	16421			214	
	SEX/RACE	D.O.B.	DATE OF APPOINTMENT		DUTY STATUS (TIME OF INCIDENT)		
	1. M/W		29 Jun 1998		<input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY		
	2. M/W		25 Aug 2003		<input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY		
IF APPLICABLE - DATE ARRESTED/INDICTED		CHARGES		COURT BRANCH	DISPOSITION & DATE		
1.							
2.							
COMPLAINANTS	NAME	ADDRESS**	CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†
					M/B		01
VICTIMS	NAME	ADDRESS**	CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†
WITNESSES	NAME	ADDRESS**	CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†

☐ SEE ATTACHED SHEET FOR ADDITIONAL ACCUSED, COMPLAINANTS, VICTIMS, WITNESSES.

ALLEGATIONS

The complainant alleges that he was arrested for no reason by Officers "Lamb" and "Cunningham". The complainant alleges that the arresting officers failed to secure his vehicle in that his speaker, radio and several pairs of pants were missing when the vehicle was returned to him.

ARREST: WARRANT

I.A.D. LOCATION CODES*

01 Food Sales/Restaurant
02 Tavern/Liquor Store
03 Other Business Establishment
04 Police Building
05 Lockup Facility
06 Police Maintenance Facility
07 CPD Automotive Pound Facility
08 Other Police Property
09 Police Communications System
10 Court Room

11 Public Transportation Veh./Facility
12 Park District Property
13 Airport
14 Public Property Other
15 Other Private Premise
16 Expressway/Interstate System
17 Public Way - Other
18 Waterway, Incl. Park District
19 Private Residence

I.A.D. PHYSICAL CONDITION CODES†

01 No Visible Injury - Apparently Normal
02 No Visible Injury - Under Influence
03 Injured, Not Hospitalized
04 Injured, Not Hospitalized - Under Influence
05 Injured, Hospitalized
06 Injured, Hospitalized - Under Influence
07 Injured, Refused Medical Aid
08 Injured, Refused Medical Aid - Under Influence
09 Deceased
10 Deceased - Under Influence

** IF CPD MEMBER, LIST RANK, STAR, SOCIAL SECURITY, EMPLOYEE NOS. IN ADDRESS BOX, PAX/BELL IN TELEPHONE BOX.

SUMMARY

Briefly summarize the investigation describing your efforts to prove or disprove the allegation(s). Indicate whether witnesses or evidence support or do not support the allegation(s). In sustained cases ONLY, copies of the accused member's Summary of Previous Disciplinary Actions and Record of Previous Complimentary History will be included as attachments.

R/Sgt. made several attempts to contact the complainant telephonically without success. R/Sgt. sent a letter via Certified Mail to the complainant postmarked 27 April 2005. Up to this point, R/Sgt. has not been contacted by the complainant; therefore, there is no evidence to support the allegation.

ATTACHMENTS

INVESTIGATIVE REPORTS-SUPPORTING ALLEGATION LIST ATTACHMENT NUMBERS:	INVESTIGATIVE REPORTS-SUPPORTING ACCUSED MEMBER(S) LIST ATTACHMENT NUMBERS:	PHYSICAL EVIDENCE LIST ATTACHMENT NUMBERS:	TOTAL NUMBER OF ATTACHMENTS SUBMITTED WITH THIS FILE:
0	0	0	5

FINDINGS--RECOMMENDATIONS

Summarize the findings and recommendations. Rule violations will be cited by number only. One overall recommendation for Disciplinary Action will be made by the investigator. The recommendation will be for ALL sustained findings; recommendations will NOT be made for each sustained allegation.

Example: 1. Violation noted, no disciplinary action warranted. 2. That the accused member be reprimanded. 3. That the accused member be suspended for days (not to exceed 5 days).

R/Sgt. finds no reason to continue this investigation as the complainant has failed to make him self available.

R/Sgt. recommends no disciplinary action warranted and finds this case to be UNFOUNDED.

REVIEWED BY: [REDACTED]
DATE: JUL 22 2005

DATE INITIATED (DATE COMPLAINT WAS RECEIVED FOR INVESTIGATION) 15 April 2005	DATE COMPLETED (DATE OF THIS REPORT) 15 May 2005	ELAPSED TIME (TOTAL TIME, EXPRESSED IN DAYS) 30
Investigator will initiate the Command Channel Review form by completing the Investigator's Section.	INVESTIGATOR'S SIGNATURE [REDACTED]	1717

IF NECESSARY, USE AN 8½ x 11" SHEET OF WHITE PAPER TO CONTINUE ANY ITEM.

Attachments

- 1) Complainant Against Department Member
- 2) Certified Letter
- 3) Certified Mail Receipt Part 1
- 4) Certified Mail Receipt Part 2
- 5) Arrest Report